PTO/SB/17 (12-04v2)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			8). Application	Application Number		09/545015		
FEE TRANSMITTAL			Filing Date		April 7, 2000			
For FY 2005			First Name	d Inventor	Seth Haberman			
For	F 1 2005	<u> </u>	Examiner N	ame	S. E. Beliveau			
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2614			
TOTAL AMOUNT OF PA	AMOUNT OF PAYMENT (\$) 905.00 Attorney Docket No. 2000522.122US1			-				
METHOD OF PAYME	NT (check all th	at apply)						
Check Credit	Card M	oney Order	None O	ther (please ide	ntify):			
X Deposit Account De	posit Account Numbe	r. 08-0219 Deposi	it Account Name:	Wilmer Cut	ler Pickering Ha	le and Dor	r LLP	
For the above-ide	ntified deposit a	count, the Directo	or is hereby auth	orized to: (che	eck all that apply)			
x Charge feet	s) indicated belo	w	c	harge fee(s) ii	ndicated below, ex	cept for the	e filing fee	
	additional fee(s) or 37 CFR 1.16 a	or underpayment nd 1.17	t of x C	redit any over	payments			
FEE CALCULATION								
1. BASIC FILING, SEAR	CH, AND EXAM	NATION FEES	"					
		FEES Small Entity	SEARCH FEE: Small En		INATION FEES Small Entity			
Application Type	Fee (\$)		e (\$) Fee (\$			Fees P	aid (\$)	
Utility	300	150 5	250	200	100			
Design	200	100 1	00 50	130	65			
Plant	200	100 3	150	160	80			
Reissue	300	150 5	500 250	600	300			
Provisional	200	100	0 0	0	0		-	
2. EXCESS CLAIM FEES	;						Small Entity	
Fee Description	1. D.					Fee (\$)	Fee (\$)	
Each claim over 20 (included Each independent claim of the control		r Daicenes)				50 200	25 100	
•	•	g weissnes)				360	180	
Multiple dependent claims			ee Paid (\$)		Multiple Depende		100	
Total Claims Extr	ra Claims Fo	ee (\$) F	ee raiu (v)			ee Paid (\$)		
- 20 =	^						•	
Indep. Claims Ext	ra Claims Fo	e (\$) F	ee Paid (\$)	_			-	
-3=	x							
3. APPLICATION SIZE F					~. ·			
If the specification and listings under 37 CF.	drawings exceed	1 100 sheets of pa	per (excluding e	electronically	filed sequence or	computer	- 1	
sheets or fraction the	reof. See 35 U.	S.C. 41(a)(1)(G):	and 37 CFR 1.10	וומווא וטו כבו סו כבו	chary for each at	JOINGI JU	•	
Total Sheets	Extra Sheets		ch additional 50 c		eof Fee (\$)	Fee F	Paid (\$)	
- 100 =		/50		a whole numbe				
4. OTHER FEE(S)			<del></del>	•		Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
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		or Requestior CC	Jimined examina	ation (NCE)				
SUBMITTED BY	0 -		Registration N	lo = =	<u> </u>	(046) 05	2 0000	
Signature	Mes He		(Attorney/Agen		6 Telephone	(212) 230	J-88UU	

SUBMITTED BY		<u></u>			
Signature	Flulis Pd	Registration No. (Attorney/Agent)	51,176	Telephone	(212) 230-8800
Name (Print/Type)			-	Date	December 15, 2005

Evorace Mail Label No.	E\/7353247741 IS	Dated: December 15, 2	วดดร
EXDIESS IVIAII LADEI NO.	EV/30324//403	Dateu. December 13, 4	<u> 2005</u>